A PERMANENT MARGIN RESERVED FOR BINDING

2 Y, WITH UNFADING INK-THIS N. B.—WRITE PLAI

191	STATE OF MARYLAND—	CERTIFICATE OF DEATH			
state UPA-	1. PLACE OF GEATH	(207.0)			
ould OCC	County Variety	Registration Dist. No. 160			
should of OCC	Village or City M. Cumbuland Md. Body Notrumb Brisked up Mv. Band Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)				
		ds. How long in U.S. if of foreign birth?yrsmosds.			
D. Every YSICIANS statement	2. FULL NAME Welfiam Under	acc. If U. S. Veteran, specify WAR			
YSI Stat	(a) Residence: No. De lan earl (Uayal place of abode)	St., Ward. If nonresident give city or town and State			
PHY let si	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
RMANENT REC X A C T L Y. PH classified. Exact	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorcad HUSBAND of	21. DATE OF DEATH Of (Month) (Day) (Year)			
IAN A C assi	(or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from			
	6. DATE OF BIRTH (month, day, and year) unpercown				
PE d E erly cate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 455 9cm.			
IS A PE stated E properly certificate	37 1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset			
70	Sa Trade, profession, or particular kind of work dona, as SPINNER, August 1984 William of the same of				
r HIS d be y be k of		DE CO Par Paley 1820call			
NK-T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	To the form of			
F-1 0	11. Total time (years) this occupation (month and spent in this				
	yaar)occupation	Other Contributory Causes of importance:			
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)				
FA] ied. ns, stru	(State or country)				
	13. NAME Columbia der aus 14. BIRTHPLACE (city or town) Sure deur ,				
O	14. BIRTHPLACE (city or town) (State or country)	Name of operation			
T S		What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?			
I. Y, WIT) be carefully EATH in pla important.	16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 1970			
d be car DEATH y import	(State or country)	Where did injury occur? (Specify city or town, county and State)			
ADDY	17. INFORMANT REDUCT CARLES WILL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
FE S I S I S I S I S I S I S I S I S I S	18. BURIAL, CREMATION, OR REMOVAL Place unk sutaunupate Oct 28,1926	Manner of injury A 255/2/1940/ - THE MAN POR LOCAL			
-WRITE mation s CAUSE TION is	19. UNDERTAKER Engrely Boldy	24. Was disease or injury In any way related to occupation of deceased?			
m (20. FILE L. 77 1936 Meia Kowan	If so, specify (Signed) M. D.			
Z	doeal Registrar.	(Address)			
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

O. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. Y, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED -WRITE PLAI

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(a)
County Janual	Registration Dist. No. /6 8
Village or City Tingel md.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & loud Cornold	
(a) Residence: No. Hostburg Rose	Let 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (word) We have a serie the word)	21. DATE OF DEATH OLL /C , 193 (G) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	/22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
6+ 1874 9 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	Musing
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Man fell deary
Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	an flus way flame
10. Date deceased last worked at this occupation (month and spent in this	Caranan / thrombours Digel of
year)ocyupation	Other Contributory Causes of Importance: first attack.
12. BIRTHPLACE (city or town)	J
(State or country)	
E 13. NAME Costias amold	
14. BIRTHPLACE (city or town) Planna (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Jenu Knepke 16. BIRTHPLACE (city or town) Mayland,	Accident, suicide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT Sarah Bittner,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place these les Campate Oct 2 , 1936	Nature of injury.
19. UNDERTAKER To washing mot	24. Was disease or injury in any way related to occupation of deceased?
0.40 31.10.	(Signed) M. M. D.
20, FILED JCC 1, 1930 Marian Registran	(Address) Santonie mo
	al Ci I C D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
of importance were as follows: Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonițis	3 days ago
BUREAU V.	2		
Other contributory causes of importance:		Other contributory causes of importance:	142
Gallstones	May 1,1923	Gastroenteritis	1 year
		A	7

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

M	-WRITE PLAIN, WITH UNFADING INK-THIS IS A PERMANENT ACLE. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	CO	PHY	xact s	
	TI	LY.	<u>E</u>	
MARGIN RESERVED FOR BINDING	MANE	XACT	classified	
BI	PEF	d E	rly	cate.
FOR	IS A	state	prope	certifi
ED	HIS	pe	be	Jo.
ERV	YK-T	should	it may	TION is very important. See instructions on back of certificate.
RES	IG II	/GE	that	o suc
NI	ADIN	d. 1	s, S0	ructic
ARG	UNE	upplie	terms	e inst
A	E	lly si	plain	Se.
	W ,	arefu	H in	rtant
		be c	EAT	impo
1)	PLA	plnor	OF D	very
	ITE	ls no	SE (Z is
-	-WR	mati	CAU	TIO

1. PLACE OF DEATH	
County Garrett	Registration Dist. No. 14
Village or City Oakland, Maryland.	No. St Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mollie Susan Coddington	If U. S. Veteran, specify WAR
(a) Residence: No. 106 Liberty	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White OR DIVORCED (write the word)	October 1, 193 6
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Asa Coddington	22. I HEREBY CERTIFY, That I attended deceased from
	- 10 19 10 19
6. DATE OF BIRTH (month, day, and yeer) May 6, 1861	I last saw her slive on the Old 1, 19 0, death is said
7. AGE Yeers Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, et 3:30Pm.
75 5 26 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	
The state of the s	Heart wood
9. Industry or business in which work was done, as SILK MILL, Own Home SAW MILL, BANK, etc	
10. Date deceased last worked at II. Total time (years)	was feedering
this occupation (month and 1936 spent in this 55 yr	
12. BIRTHPLACE (city or town) Garrett Co., Md.	Other Contributory Causes of importance:
(State or country)	
E 13. NAME George N. Gauer	
13. NAMEGEORGE N. Gauer 14. BIRTHPLACE (city or town) Garrett Co., Md.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
🖺 15. MAIDEN NAME Rachell Sell	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Rachell Sell 16. BIRTHPLACE (city or town). Tucker Co., W. Va.	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did Injury occur?
17. INFORMANT Asa Coddington	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Oakland, Md.	
18. BURIAL, CREMATION, OR REMOVALX	Manner of injury
Place Red House Date October 4, 19 36	Neture of Injury
19 UNDERTAKER Herbert Ca Leighton	24. Was disease or injury in any way related to occupation of deceased?
(Address) Oakland/Md.	If so, specify
20 51150 et 3 1036 Julia Konvan	(Signed) M. D. M. D.
Registrar.	(Address) Carlotte The

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
Nov V S.				
Other contributory causes of importance:	line !	Other contributory causes of importance:	MILLION TO	
Gollstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.—WRITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of mfor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-CERTIF	ICATE OF	DEATH
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1	1)	4	()	1)
		A	0	18

1. PLACE OF DEATH	1/9
County Garrett	Registration Dist. No. 170
Village or City	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Archie Henry Crowe (a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Male White Single Warte the word)	21. DATE OF DEATH Oct (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. Oct HEREBY CERTIFY, That I attended deceased from 1936, to Oct 6, 1936
6. DATE OF BIRTH (month, day, and year) The 2 1936 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	I last saw h
8. Trada, piofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	intoxication Oct 16
this occupation (month and spant in this occupation 12. BIRTHPLACE (city or town) (State or country)	Othar Contributory Causes of importanca:
II 13. NAME Samuel Crowe	
HE 13. NAME Samuel Crowe 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Data of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Melva Broadwater 16. BIRTHPLACE (city or town) Maryland (Stata or country)	23. If death was dua to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
17. INFORMANT Samuel Crowe (Address) Avilton	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place New Germany Date Oct. , 19-36.	Manner of injury
19. UNDERTAKER OWN Minduling (Address) Grantsville, Md	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Oct 17, 1936 George Registrar.	(Signed) M. D. (Address) Manhaman M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MARCELLE	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 6 1936	July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE-PLANAY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Q-a
County Garett	Registration Dist. No./62
Village or City Grantsull	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Jacob 1 4 Wolfell	
	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OCT (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Meorna Hlatfully	22. CHEREBY CERTIFY. That lattended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 25-1868	I last saw h seed elive on Oct 12 , 1934 death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:00 6-m.
78 - 23 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER,	Coprame Valvular
SAWYER, BOOKKEEPER, etc	flas disease
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Sindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and	
TO-Date deceased last worked et this occupation (month and year) 11. Total time (years) spant in this occupation 20	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Da	
13. NAME July yearfully 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Marey Dively 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Algema Shar	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Lemelland Alla 18. BURIAL, CREMATION, OR REMOVAL	Manage of Intime.
Plece Grantwell Dete 10-20, 1934	Manner of injury
19. UNDERTAKER AUSM Affinterless (Address) yourselle des	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct- 19, 1936 674 Cice. Registrar.	(Signed) Address) Shawler M. D

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
313 7.3				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Example 1.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	0	1	19	()	
1	U	士	U	64	

1. PLACE OF DEATH	205
County yarett	Registration Dist. No.
Village Dr City Lenning?	NoSt.,Ward
Length of residence in city or town where death occurredyrs,	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Hen Toster Ha	1 l
	Ch Ward
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale Male OWhile Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. JHEREBY CERTIFY That I attended deceased from 19.3 to Cert 10 19.3 to
6. DATE OF BIRTH (month, day, and year) July 18-1913	I last saw h sure alive on Oct 10 , 1936, death is said
7. AGE Years Month's Days If LESS than	
23 2 23 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Jrade, profession, or particular kind of work done, as SPINNER,	or sacleur of should
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
work was done, as SILK MILL, Laleasel	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) femmes (State or country)	
13. NAME John Jane 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
= 700000	Accident, suicide, or homicide access (VIOLENGE) fill in also the following:
Sale or country)	Where did injury occur? Hennings Mid.
17. INFORMANT John Hall (Address Jenning did	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury and talled over man
Place Memiels learn Date 10- 12, 193	
19. UNDERTAKER Alm allintulus	24. Was disease or injury in any way related to occupation of deceased? Heo
(Address) you take all	It so, specify Interest on electrony
20. FILED QUE 12, 1936 674/ Vill	(Signed) A. Dady M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	· ·	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	1 1 1	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5	July 5,1927	Peritonitis	3 days ago
SUCCESS V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY	PHYSICIAN
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA.

D. Every item of infor-

N. B.—WRITE PLAI

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	10403
County Sarrett	Registration Dist. No. 16
Village or City Forendsville ma	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ellew Fayton	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Surger.	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7 17th 1847	I last saw h LN alive on Let 2824 , 1986; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
97 9 20 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, J truse work	Chronic myocerdilis and out
SAWYER, BDDKKEEPER, etc.	ornocarded argunstion 1720
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 17.20 18. Total time (years) spent in this occupation (as the second secon	Chronic mephritis cevila
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Refebritio- artenoselorosios 1997
13. NAME John Lanton	1925
E	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy
T T	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Frank Leylan (Address) Dumbalant Good	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place My 3 Date May 2, 1936	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct 3/ , 193 k seammette Statler Registrar.	(Signed) A. O. Medrou M. D. (Address) Frimhaville Ard
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II	
The principal cause of death and related causes of importance were a follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Other contributory causes of importance:	
Other contributory causes of importance:		Other contributory causes of importance.	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED

V. S. No.

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Example I			Example II		
of importance were as follows.		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	as tollows.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis NOV 7 1900	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	V S.	July 5,1927	Peritonitis	3 days ago	
	MUREAU	3			
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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19. UNDERTAKER
(Address)

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See instructions

very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Garrett Village or City Oakland, Md. Length of residence in city or town where death occurred 50 yrs. Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of the state of the state

2. FULL NAME (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Male White 5a. If marriad, widowed, or divorced
HUSBAND of Tena Brimble
(or) WIFE of 6. DATE OF BIRTH (month, day, and year) Sept. 12. 7. AGE If LESS than Months Days 1 dayhrs. 68 or____min. Sawyer, Bodkkeeper, etc.

Sawyer, Bodkkeeper, etc.

Trainman Or OCCUPATION 9. Industry or business in which work was done, as SILK MILL, Rail SAW MILL, BANK, etc. 11. Total time (years)
spent in this occupation TO. Date deceased last worked et this occupation (month and Garrett Co., Md. 12. BIRTHPLACE (city or town) ... (State or country) FATHER 13. NAME Charles Murphy Sr. Alleghenv 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME Garrett 16. BIRTHPLACE (city or town) (State or country) Truman Mosser 17 INFORMANT Park, (Address) 18. BURIAL, CREMATION, OR REMOVAL Altamont

Lacus

Herbert

Registration Dist. No. vrs mos. ds. How long In U.S. if of foreign birth? vrs. mos Jr . If U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH October (Month) (Day) I HEREBY CERTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and ralatad causes of Importance Date of onset Name of operation__ What test confirmed diagnosis?_____ Was there an autopsy?__. 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, sulcide, or homicide?______ Date of Injury______ 19___ Where did injury occur?__ (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE. Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased?. If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrat.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	. Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy .	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 7 1950	July 5,1927	Peritonitis .	3 days ago
WINEAU V. S		3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state MLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PLA

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF	DEATH	JI 1417 (11		93-C)
County Garrett				Registration Dist. No. / 7 /
	ty Near Bi			NoSt., Ward if death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
	ME Katherine e: No.			St., Ward. If nonresident give city or town and State
PERSONA	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female	4. COLOR OR RACE White	S. SINGLE, MAI OR DIVORCE Widow	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Of the second of the secon
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jonas Schrock				22. I HEREBY CERTIFY, That I attended deceased from 1936 to Oct 3 1, 1936 1 last saw has alive on Oct 1936; death is said
7. AGE Years 66	in out to	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 2.45 .m.
9. Industry or but work was constituted to SAW MILL, 10. Date deceased this occupanyear)	ork done, as SPINNER, BOOKKEEPER, etc usiness in which done, as SILK MILL, , BANK, etc il last worked at ation (month and or town)	oc:	time (years) nt in this upation	Other Completery Causes of importance:
	Christin Or	andorf		
13. NAME 14. BIRTHPLACE ((State or co	(city or town)			Name of operation Date of Whet test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Lena Beachy 16. BIRTHPLACE (city or town) Maryland (State or country)				23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs. Ernest Bowser (Address) 18. BURIAL, CREMATION, OR REMOVAL Place CCALLAR Moate Nov. 2, 1936 19. UNDERTAKER Manual M				Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.
	Grantsvill	e B	mogy Begigter.	(Signed) (Address) A Manhamille

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MI REALL Y.			
Other contributory causes of importance:		Other contributory causes of importance:	R. KIE
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS B	Y PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	10407
1. PLACE OF DEATH	(3)	
County Garrett	Registration Dist. No. 161	
Village or City Finendsville Ind	NoSt.,death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where death occurredyrsmos		
2. FULL NAME Jusse Paylor		
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	itate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Color or RACE OR DIVORCED (write the word)	21. DATE OF DEATH October (Month) (Day)	193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of Huleda Taylor (or) WIFE of	22. I HEREBY CERTIFY, That I attended do	eceased from
6. DATE OF BIRTH (month, day, and year) 716 10 - 1866	Alast saw him alive on orthogo 15th , 1936;	, 1936 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11 45 Pm.	
5 6 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Trade profession or particular	Juienditio	Date of onset
Rind of work done, as SPINNER, A OBVISAL SAWYER, BODKKEEPER, etc	Drawher and Enterties	1432
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		1933
10. Date deceased last worked at this occupation (month and spent in this		
year) occupation Lysu	Other Contributory Causes of importance:	0 '
12. BIRTHPLACE (city or town) Place	artiriscelussis	1925
(State or country)	Chronic Frephitis	1923
13. NAME Wills I sugled 14. BIRTHPLACE (city or town) Targeteered		
14. BIRTHPLACE (city or town) Tengler	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an au	topsy?
15. MAIDEN NAME Hary Troy 16. BIRTHPLACE (city or town) Pa	23. If death was due to external causes (VIOLENCE) fill In also the following:	4
16. BIRTHPLACE (city or town) Pa	Accident, sulcide, or homicide? Date of injury	, 19:
(State or country)	Where did injury occur?	
17. INFORMANT John Joylor (Address) Thursand Joylor (Bru)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	DE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Structular Date Oct 18, 1936	Nature of injury	
M. M. R.		-0
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?	
16111	(Signed) 24 Quelow	M D
20. FILED Oct. 16, 1936 Jeanette Statle	(Address) Frendsville m	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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NOV 3 1930			
Other contributory causes of importance:	•	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF	MARYLAND-	-CERTIFICATE OF DEATH	1408
1. PLACE OF DEATH		82-00	1
County E errett		Registration Dist. No. / 6	0
Village or City Oakland, N	Id	No. St., If death occurred in a hospital or institution, give its NAME instead of street and num	Ward
The state of the s		osds. How long in U.S. if of foreign birth?yrsmos,	
2. FULL NAME Benjamin F	rahklin White	If U. S. Veteran, specify WAR	
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and Stat	te
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Month) (Day)	93 (Year)
5a. If married, widowed, or divorced	14 011 200		
(or) WIFE of Mrs. Bertha B	. White	22. HEREBY CERTIFY, That I attended deci	
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months	. 19, 1867. Days If LESS than	to heve occurred on the date stated ebove, at 10:00 A. M.	eath 12 2aid
68 10	1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
Leg Frade profession or particular	士 ormin.	were as follows:	ate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etcB1	acksmithh	- Chopleses	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
SAW MILL, BANK, etc			
this occupation (month end year)	spent in this		
Gammatt County		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) STATE (o ogaroy		
13. NAME Mohn M utrey Wh	ite.		
13. NAME Mohn M utrey Wh	t County	Name of operation A M Date of	
(State or country)		What test confirmed diagnosis? Was there en auto	psy?
15. MAIDEN NAME Eliza Moon.		23. If deeth wes due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Eliza Moon. 16. BIRTHPLACE (city or town) Garrett	County	Accident, suicide, or homicide? Date of injury	_, 19
(State of county)		Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT M urrey White		Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	•
(Address) Gormania, W. Va.			
Place White Cemetery Date Oc t 25 ,1936		Manner of injury Neture of Injury	
		24. Was disease or injury in any way related to occupation of deceased?	N
19. UNDERTAKER EMPOY D. Bolde: (Address) Oakland. M		If so, specify	
20. FILED 10 - 24 1936 Chiele	in Rayram		M. D.
20. FILED	Registrar.	(Address) la Amamia alle l'a	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related c of importance were as follows:	- many	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ()	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 7 193	July 5, 1927	Peritonitis	3 days ago
SUREAU Y	. 5.		
Other contributory causes of importance:	And the second s	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

NTS BY PHYSICIAN
NTS BY PHYSICIA

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state item of inforof OCCUPA-Exact statement stated EXACTLY. IS A PERMANENT classified. certificate. properly WITH UNFADING INK-THIS Jo AGE should be CAUSE OF DEATH in plain terms, so that it may See instructions on back supplied. mation should be carefully is very important. -WRITE LION

19. UNDERTAKER Her

Herbert Oakland Leighton

MARGIN RESERVED FOR BINDING

V. S. No. 1

	1. PLACE OF DEATH	r MAK	ILAND	- CERTIFICATE OF DEATH 30 10			
	County Garrett	~~**		Registration Dist. No. 7			
	Village or City R • D • Deed		(If	NoSt.,Wa If death occurred in a hospital or institution, give its NAME instead of street and number) asds. How long In U.S. if of foreign birth?yrsmos			
	2. FULL NAME William J			If U. S. Veteran, specify WAR			
	(a) Residence: No. R . D . De		Md.				
	PERSONAL AND STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT	Н		
3.	SEX 4. COLOR OR RACE White		RRIED, WIDOWED, (D) (write the word)	21. DATE OF DEATH October 5, (Month) (Day)	, 193 <u>6</u> (Year)		
5a. If married, widowed or diverced HUSBAND of The Odosia Stump White (or) WIFE of				22. 8 HEREBY CERTIFY. That I atter	ded deceased, from		
6.	DATE OF BIRTH (month, day, and year) De	c. 9,]	1870		death is said		
7.	AGE Years Months 65 9	Days 27	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at \$2.45 Am. The PRINCIPAL CAUSE OF DEATH and related causes of moortance were as follows:	Date of onset		
OCCUPATION	8. Irade, profession, or particular kind of work done, as SPINNER, RassAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, RassAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and 1931)	il Road		Hard prophets	2		
12	2. BIRTHPLACE (city or town) Mt. Lak (State or country) Garrett	e Park,	Md.	wither Contributory Causes of Importance:	2343		
ER	13. NAMEBani G. White						
FAT	I3. NAMEBani G. White 14. BIRTHPLACE (city or town) Garrett Co., Md. (State or country)			Name of operation Date What test confirmed diagnosis? Was there	٦.		
MOTHER	15. MAIDEN NAME Sarah Cayton 16. BIRTHPLACE (city or town) Harper (State or country) 7. INFDRMANT Mrs. W. J. W. (Address) R. D. Deer P.	s Ferry		23. If death was due to external causes (VIDLENCE) fill in also the folionaccident, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	19		
13	8. BURIAL, CREMATION OF REMOVAL Place Oakland, Md.			Manner of injury			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

24. Was disease or injury in any way related to occupation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	10	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PLUENCY S				
Other contributory causes of importance:	and the	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.-WRITE PLA

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE	OF	MARYLAND-CERTIFICATE OF DEATH	Н
11111		WITH TENTH OF THE OF BEING	

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L	0	4	[U

1. PLACE OF DEA	TH			- Qu. L		
CountyGa	rrett			Registration Dist. No. \(\nabla \nabla \)		
Village or City	Grants	ville		No. St., Ward		
Length of residence in c	ity or town where	death occurredli	(lf fe_yrsmos	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrsmosds.		
2. FULL NAME	Harvey S.	. Yoder				
(a) Residence: No.		(Usual place	of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AN	ID STATIST			MEDICAL CERTIFICATE OF DEATH		
	or or race		RIED, WIDOWED, D (write the word) d	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or div HUSBAND of (or) WIFE of		J. Yoder		22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, da	v. and year) M	arch 14.	1873.	Vast saw h 2 alive on 0 2 5 3 1 19 3 5; death is said		
7. AGE Years	Months 7	Days 10	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at Z: Vm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were 4s follows:		
Trade, profession, or pkind of work done, SAWYER, BOOKKE	as SPINNER.	Secretary CoSale	Telephone	Date of onset		
kind of work done SAWYER, BOOKKE 9. Industry or business i work was done, as SAW MILL, BANK, 10: Date deceased last wo	SILK MILL, etc rked at	11. Total ti	ime (years)			
this occupation (moyear) US L 12. BIRTHPLACE (city or town (State or country)	Nf7		nt in this 15 yrs	Other Contributory Causes of importance:		
13. NAME Solon	non D. Yo	der				
H 13. NAME SOLON 14. BIRTHPLACE (city or t (State or country)				Name of operation Data of What test confirmed diagnosis? Was there an autopsy? Here		
15. MAIDEN NAME Catherine Yutzy 16. BIRTHPLACE (city or town) Page (Stata or country) 17. INFORMANT Olen Yoder				23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
(Addrass) Gran	tsville			Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased?		
18. BURIAL, CREMATION, OR PlaceMaple_G		Date_Oct.	27 ,1936			
19. UNDERTAKER OUNG (Address) Gre	ntsville	inter	luig			
20. FILED Oct - 26	19_3 4	67	HBill Registrar.	(Signed) A. A. A. A. M. D. (Address) M. D. (Address) M. D.		

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Cerebral hemorrhage NOV 5 1936	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	R FURTHER	STATEMENTS	BY PHYSICIAN